

## KEEP THIS BOOKLET FOR YOUR RECORDS

### Assistance Application Information Booklet

## Welcome to the State of Michigan Department of Human Services (DHS)

We have programs to help you and/or your household (everyone living in your home) with food, medical care, child care, cash and emergencies. We can also tell you about other programs and resources that may help meet your needs. We look forward to helping you and your household.

**If you need help** with reading, writing, hearing, etc., please tell us. If you need an interpreter, we will provide one or you may bring your own.

### Steps to Assistance

- 1 - Apply online for assistance programs at [www.michigan.gov/mibridges](http://www.michigan.gov/mibridges).** You may bring, mail or fax your assistance application to the DHS office in your area. You can find the address and phone number to the office in your area in your phone book under the state government section, or online at [www.michigan.gov/dhs-countyoffices](http://www.michigan.gov/dhs-countyoffices).
- 2 - Read this booklet and keep it.** It tells you about our programs and has important information. **When you sign the assistance application, you agree to the rules in this booklet.**
- 3 - Answer the questions on the assistance application.** We need your answers to decide what help you may receive. You can apply for all or some of our programs.
- 4 - For some programs we may need to ask for more information (proof).** We will let you know what we need.
- 5 - We will send you a letter** in the mail telling you if you are approved or denied. **Keep this letter.** It has important information including the name, phone number and email address of your DHS specialist.

**You have the right to apply for help today.** The date DHS receives your assistance application or filing form may affect the date your benefits start. **Exception:** If you are applying for Supplemental Security Income and food assistance benefits before being released from an institution, the filing date for your benefits will be the date you get out of the facility.

**If you cannot finish the whole assistance application today,** you may either complete the **filing form** (available at the end of this booklet or online at [www.michigan.gov/dhs-forms](http://www.michigan.gov/dhs-forms)) or you may turn in your incomplete assistance application. It must have your: • Name • Date of birth (not needed for food assistance) • Address (unless homeless) • Signature or your representative's signature (someone filing for you).

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

Department of Human Services (DHS) no discrimina contra ningún individuo o grupo a causa de su raza, religión, edad, origen nacional, color de piel, estatura, peso, estado matrimonial, sexo, orientación sexual, identidad de sexo o expresión, creencias políticas o incapacidad. Si usted necesita ayuda para leer, escribir, oír, etc., bajo la Acta de Americanos con Incapacidades, usted está invitado a hacer saber sus necesidades a una oficina de DHS en su área.

لأن تميز إدارة الخدمات الإنسانية (Department of Human Services - DHS) ضد أي شخص أو مجموعة بسبب العرق، أو الديانة، أو العمر، أو المنشأ الوطني، أو اللون، أو الجنس، أو الوزن، أو الحالة الزوجية، أو الجنس، أو التوجه الجنسي، أو الهوية الجنسية التي يتصورها الشخص لنفسه أو التعابير الجنسية التي يعطيها الشخص عن نفسه، أو المعتقدات السياسية، أو الإعاقة والعجز. إن كنت تحتاج إلى مساعدة في القراءة والكتابة والسمع،... إلخ، ندعوك أن تجعل احتياجاتك معروفة لدى مكتب DHS في المنطقة التي تعيش فيها عملاً بقانون الأمر بكيين المعاقين (Americans With Disabilities Act).






Local office address

DHS specialist name, phone number and email address

**Read this information booklet before you sign the assistance application.**

## Timely Decisions

We must make timely decisions to approve or deny your application for assistance. Below are the program standards we follow:

| Program Symbols   | DHS Programs                                  | Standards |
|---|---|-----------|
|  | <b>Food Assistance (FAP)</b>                  |           |
|   | • Expedited (seven-day processing) .....      | 7 days    |
|   | • Food Assistance Program .....               | 30 days   |
|  | <b>Medical Assistance (MA)</b> .....          | 45 days   |
|   | • With a medical decision on disability ..... | 90 days   |
|   | • For pregnant women .....                    | 15 days   |
|  | • Refugee Medical Assistance (RMA) .....      | 30 days   |
|   | <b>Child Development and Care (CDC)</b> ..... | 45 days   |
|  | <b>Cash Assistance</b>                        |           |
|   | • Family Independence Program (FIP) .....     | 45 days   |
|   | • Refugee Cash Assistance (RCA) .....         | 30 days   |
|   | • State Disability Assistance (SDA) .....     | 60 days   |
|  | <b>State Emergency Relief (SER)</b> .....     | 10 days   |

### Expedited Food Assistance Program (Seven-Day Processing)

Your household may qualify for seven-day processing of your food assistance application if:

- You have less than \$150 in monthly gross income and \$100 or less in liquid assets (cash on hand, checking or savings accounts, savings certificates), **or**
- Your combined gross income and liquid assets are less than your monthly rent and/or mortgage payment plus heat and utilities, **or**
- You are a **destitute**\* migrant or seasonal farmworker with \$100 or less in liquid assets.

\* **Destitute** means that your income **stopped** before the date you applied, or your income **has started** but you expect to receive no more than \$25 within the next 10 days.

If your household qualifies for seven-day processing you must:

- Participate in an interview, **and**
- Provide proof of your identity, **and**
- Complete the entire application form.

To continue receiving food assistance benefits, you will be asked to provide proof of other information (like income, residency, etc.). If you provide the proof when you apply, you may be given a longer food assistance benefit period.

### Food Assistance Program (FAP) Interviews

Most FAP interviews are held by telephone. However, you may request an in-person interview.

If you are also applying for cash assistance, you may be scheduled for an in-person interview.

### We May Need Proof

For most programs, DHS will need proof of your household's income. If you have proof, send or bring it with your assistance application. Some ways to prove income are:

- ☐ Check stubs                      ☐ Child support receipts
- ☐ Social Security award letter
- ☐ Self-employment records of income and expenses

**If we need proof, we will send you a list of what we need.**

For some programs, we **MAY** need proof of:

- ☐ Age and/or identity                      ☐ Immigration status
- ☐ U.S. citizenship                          ☐ Pregnancy
- ☐ Current medical insurance card
- ☐ School enrollment, anyone age 6-49
- ☐ Income that recently started or stopped
- ☐ Assets (for example, cash on hand, checking/savings accounts, credit union accounts, etc.)

**If you need help getting proof, ask your DHS specialist.**

Read this information booklet before you sign the assistance application.

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Read this information booklet before you sign the assistance application.

# Programs

## Food Assistance Program (FAP)



FAP provides benefits that can be used to buy food (including seeds and plants to grow your own food) for your household. People of all ages may receive FAP.

**You may be eligible for FAP benefits if you have either:**

- Low/no income.
- Low/no assets.

### Income

FAP eligibility and benefit amounts are based on your household income and the number of people in your FAP group. When we look at your income, we make some **deductions** and consider **allowable expenses** (see below).

### Deductions from countable income:

- 20 percent of earned income, and
- A standard deduction based on the number of people in your FAP group.

### Allowable expenses:

- Medical expenses over \$35 a month not paid by a third party (for persons age 60 or older, veteran with a disability or a person with a disability).

- Some housing and utility costs.
- Some child care costs and costs for care of persons with disabilities.
- Court-ordered child support paid to a non-household member.

I understand that failure to report or verify any listed expenses will be seen as a statement by me that I do not want to receive a deduction for the unreported or unverified expenses. Verifications must be received within 10 days.

If your heat is included in your rent, and you receive or expect to receive the Home Heating Credit, tell us on your assistance application. If you do not tell us about the credit, we will assume you do **not** want to receive a deduction for heat expenses.

### Program requirements:

- **Follow Work Rules and Penalties** - see page 11.
- **Child Support Services** - see page 8.
- **Child Support Actions** - see pages 10, 11.

## Adult Medical Program (AMP)



AMP helps pay for basic medical care for low-income adults. Additional services may be available through a county health plan.

You may be eligible for AMP if you are not eligible for Medicaid and you have:

- Cash assets of \$3,000 or less, and
- Low income.

**Limited enrollment.** We limit the number of people who can receive AMP in Michigan. When we reach the limit, we must deny your application, even if you meet the eligibility rules.

## Resident County Hospitalization (RCH)



RCH helps individuals with low income who cannot pay for medical care when they are in the hospital overnight.

**You may be eligible for RCH if you:**

- Have low income, and
- Are not eligible for Medicaid, and

- Do not have other insurance to pay for inpatient hospital care.

Each county sets its own financial eligibility rules.

**For more information,** contact the DHS office in your area.

**Read this information booklet before you sign the assistance application.**



We have many MA programs for children, families and adults. Our goal is to make essential health care services, including Medicare premiums, available to people who cannot pay for them. Asset and income rules are different for different MA groups and programs.

**If you have other health insurance or coverage**, you may still qualify. Your medical providers (doctors, hospitals, etc.) will have to bill the other insurance first.

**You may be eligible for MA** when you are:

- A Supplemental Security Income (SSI) recipient.
- Financially eligible, and:
  - Under age 21.
  - Age 65 or older.
  - Pregnant.
  - Blind or disabled.
  - A parent or close relative living with and acting as a parent for a child.
  - Refugee in the country less than 8 months.

**Assets** are counted for some programs. Many children and pregnant women can get MA with no limit on assets.

For persons age 19 and older (except for pregnant women), your assets must be below the limit for at least one day in the month that you ask for medical help. You must provide proof of your assets.

If you are over the asset limit, you may be able to get help if you use the excess assets to pay bills. We may ask for proof of how you used excess assets.

**Income.** Each Medicaid program has income limits. The limits depend on the program, who lives with you, and where you live. If your income is over the limit:

- You may still get help if you give us proof of your medical expenses.
- We may give you MA with a deductible.

**Getting your medical bills paid.** Choose a provider who will accept Medicaid – not all providers do. If you are applying for MA, tell your medical providers (doctors, hospital, pharmacy, etc.) before you receive any medical services.

If you are eligible for help, you will be sent a mihealth card. Each eligible person in your family will get his/her own card. **Do not throw this card away.** If your mihealth card is lost, stolen or damaged, call: 1-800-642-3195.

Give your medical providers a copy of your mihealth card as soon as you receive it. This information is needed to bill Medicaid for your covered services. Your providers must bill Medicaid within 12 months from the date you received their services, even if you gave the bill to DHS.

If your providers miss the 12-month limit, the bill may not be paid unless the delay is because you asked for a hearing to get MA. DHS determines your eligibility but the Department of Community Health (MDCH) pays for the services covered by Medicaid. MDCH may refund your money if you pay for an MA-covered service between the date your hearing request is received by DHS after an incorrect denial of MA and the date your MA is approved as a result of your hearing.

**Help for past months.** We may approve MA for up to three months before the month you applied. If we do, ask your providers to bill Medicaid for services you received before we approved your application. If you pay for services before your application is approved, ask your health providers to refund your money and bill Medicaid. Providers do not have to give refunds, but some will. The provider must bill Medicaid even if you gave the bill to DHS.

**Program requirements:**

- **Child Support Services** - see page 8.
- **Child Support Actions** - see pages 10, 11.

**Healthy lifestyles.** We want all MA clients to live healthy lifestyles. This might include making a commitment to: attend all medical appointments, exercise regularly, not smoke or use illegal drugs, and keep children's shots up-to-date.

For more information on living a healthy lifestyle, you may visit the Michigan Department of Community Health (MDCH) Web site at: [www.michiganstepsup.org](http://www.michiganstepsup.org) or call the following numbers:

- 1-877-422-4244 - healthy eating habits and tips.
- 1-877-422-4244 - free *Make Health Your Choice* booklet.
- 1-800-480-7848 - quit smoking.

# Child Development And Care (CDC)



## CDC helps pay for the cost of child care.

### You may be eligible if you are:

- A family with low income.
- A licensed foster parent requesting care for foster children.
- A member of a DHS protective services case participating in a treatment plan.
- A FIP/Extended Family Independence Program (EFIP) or Supplemental Security Income (SSI) recipient.
- A FIP applicant doing a required work participation program activity.

### You must have a child care need because of:

- Work.
- High school completion classes (including general equivalency diploma, adult basic education, and English as a second language).
- Approved education or training.
- Approved treatment activities for a health or social condition.

### The child care must be provided in Michigan by a:

- Licensed child care center.
  - Licensed group child care home.
  - Registered family child care home.
  - DHS-enrolled\* unlicensed child care provider who has completed the Great Start to Quality Orientation and:
    - provides care in the child's home, or
    - is related by blood, marriage or adoption as a grandparent/great-grandparent, aunt/great-aunt, uncle/great-uncle, or sibling and provides care in his/her own home.
- \* Enrollment is not allowed if the provider, or an adult household member age 18 and older, living with the provider, is:
- Convicted of certain crimes.
  - On the central registry for child abuse or neglect.

### How much money can you make and still be eligible?

FIP/EFIP, SSI recipients, licensed foster parents, and children's protective services families

are eligible without an income determination. Eligibility for all other families is based on gross monthly income. Use the table below to get an idea if you may be eligible.

| Family Group Size | Gross Monthly Income |
|-------------------|----------------------|
| 1&2               | \$0-1607             |
| 3                 | \$0-1990             |
| 4                 | \$0-2367             |
| 5                 | \$0-2746             |
| 6                 | \$0-3123             |
| 7                 | \$0-3500             |
| 8                 | \$0-3877             |
| 9                 | \$0-4254             |
| 10+               | \$0-4634             |

### What does DHS pay?

#### CDC Payment

The actual CDC payment amount may not cover all child care expenses. The Department pays part of the cost of child care for approved families. This part is the Department Pay Percent (DP %). The DP % can be from 70% to 100% of CDC reimbursement rate.

Current reimbursement rates are available online at [www.michigan.gov/childcare](http://www.michigan.gov/childcare).

You are responsible for any child care costs not covered by the CDC program.

#### Program requirements:

- **Child Support Services** - see page 8.
- **Child Support Actions** - see pages 10, 11.

#### Resources:

- More information about the CDC program may be obtained online at:  
[www.michigan.gov/childcare](http://www.michigan.gov/childcare)
- If you need help finding an eligible child care provider, contact your Great Start to Quality Resource Center at 1-877-614-7328 or visit [www.greatstartconnect.com](http://www.greatstartconnect.com).

Read this information booklet before you sign the assistance application.

## Family Independence Program (FIP) Refugee Cash Assistance (RCA)



The main goal of cash assistance programs is to help families become self-supporting and independent.

- **FIP** is temporary cash assistance for low-income families with minor children.
- **RCA** is temporary cash assistance for persons recently admitted into the U.S. as refugees.

**To qualify for FIP or RCA**, you must have:

- Low income, **and**
- Cash assets less than \$3,000 and property assets less than \$500,000.

**You may be eligible for FIP** if you are not receiving cash benefits from another state and you are either:

- Pregnant.
- A parent, legal guardian, or relative acting as a parent for a child under the age of 18 (or a high school student age 18). Children ages 6-18 must attend school full time.

### **48-month lifetime limit:**

You cannot receive FIP for more than 48 months in your lifetime unless you qualify for an exception month. This includes any cash assistance you may have received in another state. Months you receive EFIP may count toward your time limit.

It is prohibited to use FIP or RCA to purchase lottery tickets, alcohol, or tobacco or for gambling, illegal activities, massage parlors, spas, tattoo shops, bail-bond activities, adult entertainment, cruise ships, or other nonessential items.

**You may be eligible for RCA** if you are:

- A refugee (or someone treated as a refugee) as determined by the United States Citizenship and Immigration Services (USCIS).
- Within eight months of date of entry to the U.S., and
- Not eligible for FIP.

**The FIP or RCA grant amount** is based on:

- Number of people in your household group.
- Court-ordered child support expenses paid by your household.
- Total income.

**Child support payments.** Each month you are on FIP, current support we collect on your order is kept by the state. If you get support in a month when you are getting FIP, you must report it to your local DHS office, and you may need to repay it. If the support we collect is more than your FIP grant for at least two months, we may close your FIP case so you can get the child support payments directly.

**Program requirements:**

- **Follow Work Rules and Penalties** - see pages 11, 12, 13.
- **Child Support Services** - see page 8.
- **Child Support Actions** - see pages 10, 11.
- **Immunize Children Under Age Six - Get Shots (FIP)** - see page 10.

## State Disability Assistance (SDA)



SDA provides cash assistance to meet the basic needs of a person with a disability, a person caring for a person with a disability, or persons in a special living arrangement.

It is prohibited to use SDA to purchase lottery tickets, alcohol, or tobacco or for gambling, illegal activities, massage parlors, spas, tattoo shops, bail-bond activities, adult entertainment, cruise ships, or other nonessential items.

A person is considered disabled if (s)he is one of the following (reasons for disability may change):

- Age 65 or older.
- Unable to work for 90 days or more because of a medical condition.
- Receiving Supplemental Security Income (SSI) or Social Security disability benefits.
- Receiving medical assistance based on disability or blindness.

- Receiving special education services.
- Receiving Michigan Rehabilitation Services.
- Diagnosed as having AIDS.
- Living in an adult foster care home, a home for the aged, a county infirmary or a substance abuse treatment center.

**You may be eligible for SDA** if you are not eligible for FIP and you are any of the following (reasons for disability may change):

- 65 or older.
- Permanently or temporarily **disabled**.
- Taking care of a person with a disability who lives with you.

**AND you have:**

- Cash assets less than \$3,000 and property assets less than \$500,000 **and**
- Low income (different limits for single and married persons).

**Read this information booklet before you sign the assistance application.**

## State Emergency Relief (SER)



SER provides limited help to households with low income who have an emergency. SER helps prevent serious harm to individuals and families who have an emergency that threatens their health or safety.

### You may be eligible for SER if:

- You have low income and limited assets.
- The emergency situation is not likely to happen again (example: for help with rent or house payments, you must show you have enough income to pay your housing costs in the future).
- You have made certain required payments on your shelter, heat, electric and/or utility bills.
- The amount you need is within our limits.

### Covered services include:

- Relocation payments to avoid or eliminate homelessness.\*
- Mortgage, insurance and/or property tax payment, to stop forfeiture, foreclosure or tax sale.\*
- Limited home repairs.
- Home heating, electric and utility bills.
- Burial costs.
- \* *DHS works with the Salvation Army to provide emergency shelter statewide.*

**The amount of help you may receive** depends on the number of people in your household, income, assets, type of service requested and other factors.

## Child Support Services

The Office of Child Support (OCS) is part of DHS and is responsible for the child support program in Michigan. OCS works with the Prosecuting Attorney (PA), Friend of the Court (FOC) and agencies in other states.

The goal of OCS is to ensure that children are supported by their parents. Child support may include:

- Cash for everyday living.
- Health and/or educational benefits.
- Payment for child care costs.

### Child support services can help:

- Locate a child's parent(s).
- Establish a child's legal father by:
  - Voluntary paternity papers.
  - Court action for paternity.
- Establish a court order to support the child's financial and medical needs.

### Child support services are available if:

- One or both of the child's parents do not live in the home with the child.
- You receive child care services, food, cash or medical assistance from DHS.

### You do not have to receive help from DHS to apply for child support services.

To apply for services, complete the *IV-D Child Support Services Application/Referral* (DHS-1201):

- Print a DHS-1201 from the DHS public Web site at [www.michigan.gov/dhs-forms](http://www.michigan.gov/dhs-forms).
- Call OCS at **1-866-540-0008** or **1-866-661-0005**.
- Send a written request to:

**Office of Child Support  
Case Management Unit  
PO Box 30750  
Lansing, MI 48909-8250**

Return the completed DHS-1201 to the DHS in your area, the local PA or FOC, or the address above.

## Early On®

*Early On* coordinates services for families who have a child age zero (birth) to age three with a disability, developmental delay or a related medical condition.

**To find out if your child is eligible**, call *Early On* at **1-800-EarlyOn (327-5966)** or online at [www.1800earlyon.org](http://www.1800earlyon.org). An *Early On* coordinator in your county will:

- Let you know if your child is eligible.
- Help you decide if you want *Early On* services for your child.

There is no cost for an evaluation of *Early On* eligibility.

**Early On services can include:** • assessment services • audiology • diagnostic medical services • early identification • family skills training • health services • home visits • nursing services • nutritional counseling • occupational therapy • pathology • psychological services • screening • service coordination • social work services • special equipment • special instruction • speech • transportation • counseling (family, group, individual) • vision services.

**Read this information booklet before you sign the assistance application.**

## Low Income Home Energy Assistance Program (LIHEAP)

LIHEAP consists of federal money given to each state to help low-income individuals and families with heating costs. In Michigan, this money is used for the following programs:

- Home Heating Credit (HHC).
- State Emergency Relief (SER) - see page 8.
- Weatherization Assistance Program (WAP).

There is no separate application for LIHEAP.

### Home Heating Credit (HHC)

The HHC is available to **all** low-income households including those with rent that includes heat. The Michigan Department of Treasury determines eligibility and makes the payments.

Applications for the HHC are available at the Department of Treasury and wherever tax forms are available (online at [www.michigan.gov/treasury](http://www.michigan.gov/treasury), select Income Tax Forms from the Treasury Quick List on the home page). You do not need to file a state income tax return to receive the HHC. Eligibility is based on income, number of tax exemptions and household heating costs.

### Weatherization Assistance Program (WAP)

WAP is a federally funded, low-income residential energy conservation program available to low-income Michigan homeowners and renters. These services reduce energy use and lower utility bills. Services may include:

- Attic insulation and ventilation.
- Wall insulation.
- Foundation insulation.
- Smoke detectors.
- Dryer venting.
- Air leakage reduction.

Applications for WAP are available at your local weatherization operator.

**To find the local weatherization operator** in your area, go to:

[www.michigan.gov/dhs-womap](http://www.michigan.gov/dhs-womap)

### Resources:

- **LIHEAP** - call the toll-free DHS Energy Assistance hotline at 1-800-292-5650.
- **HHC or WAP** - go to:  
[www.michigan.gov/heatingassistance](http://www.michigan.gov/heatingassistance)

## Things You Must Do

By signing the assistance application, you agree to do these things.

### Give Correct Information and Report Changes (All Programs)

**Correct information.** You must give DHS correct and complete information about you and everyone in your household.

**If you give us incorrect or incomplete information on purpose, or you do not report a change,** you may be prosecuted for perjury or fraud, or denied benefits. (See "Penalties for Intentional Program Violation Or Fraud" for more information.)

**Reporting changes.** Tell your DHS specialist about changes or report changes online within **10 days** of the change.\* If you have any doubt about whether to report a change, contact your DHS specialist. Your DHS specialist will tell you if different reporting rules apply to you.

If you file for bankruptcy, you shall send a copy of the official bankruptcy notice to: DHS, Legal Services, 235 S. Grand Ave., #715, Lansing, MI 48933.

The types of changes you must report are:

- Employment starts, stops (within 10 days of receiving your first/last payment) or changes.

- Change in rate of pay (within 10 days of receiving the first payment reflecting the change).
- Bank accounts (opening/changes/closures), sale/purchase of property, etc.
- Change of hours worked by more than five hours per week, if it will last more than one month.
- Unearned income starts or stops (like Social Security, unemployment or retirement benefits, etc.).
- Unearned income changes by more than:
  - **\$50** per month for most programs.
  - **\$25** per month for most MA programs.
- Change in assets.
- Change of address.
- Housing or utility cost stops, starts or changes.
- Anyone moving in or out of your home.
- Changes in child care need, cost or provider.
- Changes in child support amount paid out or received.
- Health or medical insurance premiums or change in coverage.
- Changes in a child's school attendance.

\*Exception: For FIP only, you must report a child leaving your home within 5 days of the date you know they will be absent for 30 days or more.

**Read this information booklet before you sign the assistance application.**

## Things You Must Do (continued)

### Repay Extra Benefits (All Programs)

If you or anyone in your household receives benefits they are not eligible for, the adults in the household must repay the extra benefits. The benefits must be repaid even if there was no fraud. If DHS makes an error, the adults in the household must repay the extra benefits **except** in medical assistance cases.

**For FAP, an authorized representative** (someone with access to your food benefits who can shop for you) may also be responsible for repayment of any extra FAP benefits.

### \*Provide Social Security Numbers (Most Programs)

For most programs, under federal law 42 USC 1320b-7, you must provide Social Security numbers for everyone **applying**.

Exceptions include:

- When applying for child care **only**, you do not have to provide a Social Security number for adults or children who do not need child care.
- Non-citizens who cannot get a Social Security number may still qualify for medical assistance for emergency services, pregnancy and childbirth. (See "Citizens and Non-Citizens.")
- Persons not applying for FAP are not required to provide a Social Security number.

### Pursue Other Benefits (Most Programs)

You must apply for other benefits you may qualify for, such as:

- Unemployment benefits.
- Social Security and Supplemental Security Income (SSI) benefits.

### Immunize Children Under Age Six - Get Shots (FIP)

Children under age six must be immunized as recommended by the Michigan Department of Community Health.

Your cash benefits may be reduced by \$25 per month until your children are up-to-date on their immunizations.

### Child Support Actions (Most Programs)

You will receive a letter about the child support program if:

- You receive FIP, FAP, MA or CDC; and
- One or more of the child's parents do not live with the child.

You must contact the support specialist when you receive the letter and provide additional information about yourself, the minor child, and the parent(s) of the minor child.

While you receive benefits from FIP, FAP, MA or CDC, you must keep working with the Office of Child Support, the Prosecuting Attorney and Friend of the Court to pursue paternity and/or support.

**Good cause.** DHS will not require you to pursue paternity or support if you have good cause.

\*See pages C-H of this booklet.

DHS-PUB-1010 (Rev. 11-12) Previous edition obsolete.

**Recoupment.** DHS may keep part of your future benefits as repayment for extra benefits you received.

**Trafficking.** FAP benefits that are sold or traded are treated as extra benefits and must be repaid.

**Release of information.** If you or anyone in your household received extra benefits, the information on your assistance application, including Social Security numbers, may be given to federal, state and private agencies to help with collection.

- FAP clients are excused from providing and obtaining a Social Security number based on religious grounds.

DHS will help you apply for Social Security numbers. Give DHS the Social Security number as soon as you receive it. If you do not, your benefits may be reduced or denied. You may have to repay an overpayment.

DHS will use Social Security numbers to check whether you are eligible and receiving the correct benefits. DHS uses Social Security numbers to check information with other agencies. (See "Information About Your Household That Will Be Shared.")

- Veterans Administration benefits.

DHS will tell you if you need to apply for benefits.

If you do not pursue benefits when required, your DHS benefits may be reduced, closed or denied.

A child is exempt from the immunization requirement if:

- (S)he is under two months of age.
- Immunizations are medically inappropriate for the child.
- Immunizations are against the family's religious beliefs.

**To claim good cause,** tell your DHS specialist and ask for the "Claim of Good Cause" (DHS-2168) form. You may be asked to provide proof.

**If you do not cooperate with child support actions when required,** and do not have a good-cause reason, DHS will do all of the following for at least one month:

- Remove the food assistance benefits of the person not cooperating.
- Deny or stop your medical benefits. We will not deny or stop Medicaid for children or pregnant women.
- Deny or stop your child care benefits.
- Deny or stop cash assistance for your entire household.
- Deny SER for failure to comply with a requirement of FIP.

**Read this information booklet before you sign the assistance application.**

## Things You Must Do (continued)

### Child Support Actions (Most Programs) (continued)

When you get a FIP grant, you give (assign) to DHS any current support for you (spousal support) or minor children in your home (child support). This means when you get FIP, some of the spousal or child support you get from someone else may go to DHS to pay back some of the FIP grant.

You may get a child support payment that is owed to you while on FIP. If you do get a child support payment, call your local DHS office to find out if you can keep it. If your DHS worker tells you the payment was sent to you in error, you must return the money. If you do not return the money, you may lose your FIP grant or your grant may be reduced.

If the amount of support DHS collects is more than your FIP grant for at least two months, DHS may close your FIP case so you can receive support payments directly.

If you get MA for your children, you give (assign) your rights to current and past medical support to the Michigan Department of Community Health (MDCH). This means when you get MA, medical support payments you get from someone else will go to MDCH.

### Follow Work Rules and Penalties (FIP or RCA and FAP)

**Your work rules will depend on whether you receive FIP or RCA cash assistance, FAP benefits with no cash assistance, or time-limited FAP benefits.**

**FIP or RCA cash assistance work rules.** Your family must complete a Family Automated Screening Tool (FAST) and develop a Family Self-Sufficiency Plan (FSSP). The FAST and FSSP requirements are for FIP only. The FSSP will list the work activities that you must do up to 40 hours per week to receive FIP. You design this plan with your DHS specialist and the work participation program.

- Complete the FAST (FIP only).
- Help make and comply with a FSSP (FIP only).
- Not quit, refuse work or reduce work hours.
- Not get fired from a job due to misconduct or missing work.
- Comply with assigned employment and/or self-sufficiency activities.

**Penalties for breaking FIP or RCA work rules.** If you break the FIP or RCA work rules without good cause (see "Good Cause" on page 12), DHS will:

- Deny your application (you may reapply).
- Stop FIP for your whole family for three months for the first time, six months for the second time and permanently for the third time.
- Count all penalty months toward your 48-month lifetime limit.
- Stop RCA for you for at least three months (but the rest of your household might be eligible).
- If you receive both FIP and FAP, we may:
  - Stop or reduce your FAP benefits for at least one month if you are not excused from FAP work rules.
  - Count your FIP grant amount as income.

**FAP work rules.** (NOTE: If you receive both cash and food benefits, you must follow FIP work rules.)

- **If you are working**, you may not:
  - Quit a job of 30 hours or more per week.
  - Voluntarily reduce work hours below 30 hours per week without good cause.
- **If you are not working**, or you work less than 30 hours per week, you may not:
  - Refuse a job offer.
  - Refuse to participate in required employment-related activities that must be done to receive FAP.

**Penalties for breaking FAP work rules.** If you receive FAP and you break the work rules without good cause, your benefits will stop or be reduced for:

- At least one month for the first time, and
- Six months for any other time after the first time.

**Time-limited food assistance rules.** (NOTE: Time limits are not always in effect, so check with your DHS specialist.)

Special time limits and work requirements might apply to you if you are:

- A person without a disability.
- At least 18 years old but under the age of 50, and
- Living in a household with no children under age 18 (related or unrelated).

## Things You Must Do (continued)

### Work Rule Deferrals and Good Cause (FIP or RCA and FAP)

**Work rule deferrals (excused).** Some people who receive cash or food assistance may be excused from work rules. If you receive FIP and are excused from the work rules, you may have to do other activities. If you think you should be excused from work rules, talk to your DHS specialist.

NOTE: Reasons for being excused may change.

**You may be excused from FIP or RCA work rules if you are:**

- Under the age of 16.
- Age 65 or older.
- A parent of a baby less than two months old. You may be assigned to family strengthening activities once the baby is six weeks old.
- Working 40 hours per week.
- Caring for a child or spouse with a disability (depending on the person's needs and the child's school attendance).
- A person with a disability or medical limitations.
- Experiencing a domestic violence situation (determined by DHS).

**You may be excused from FAP work rules if you are:**

- Age 60 or older.
- Personally caring for a child under the age of six who is receiving FAP on your case.
- Working 30 hours per week or earning at least minimum wage times 30 hours per week.
- Attending high school, adult education, or a GED program at least half-time.
- Injured, ill or personally caring for a household member with a disability.
- Seven to nine months pregnant.
- Pregnant with medical complications.
- Applying for FAP at a Social Security office.
- In substance abuse treatment or rehabilitation.
- Applying for or receiving unemployment benefits.
- Appealing the denial of unemployment benefits.

**Good cause.** You have the right to claim good cause if you believe you should be excused from the FIP, RCA and/or FAP work rules. If you think you have a good cause reason, contact your DHS specialist right away. NOTE: Reasons for good cause may change.

**FIP or RCA or FAP - Reasons for good cause:**

- An unplanned event or factor that does not allow you to meet the work rules (for example, domestic violence, religion, health or safety risk or homelessness).
- Illness or injury.
- You requested child care that was not provided.
- You requested transportation services that were not provided.
- Long commute (more than two hours per day or more than three hours per day with child care).
- You quit a job to take a comparable job.
- Your job required you to commit illegal activities.
- You are physically or mentally unable to do the job.
- Your employer discriminated against you based on age, race, color, sex, national origin, disability, religion, etc.
- You are working 40 hours per week for at least the state minimum wage.
- Reasonable accommodation was not provided.

**FAP only - You may have a good cause reason if you/your:**

- Are deferred.
- Moved due to another household member's job or education/training.
- Have a job that requires you to retire or to join, resign from, or refrain from joining a labor union or organization.
- Have a job that is on strike or at a lockout site.
- Have unreasonable work conditions.
- Have been offered a job that is outside of your work experience during the **first 30 days** as a mandatory FAP work participant.
- Employer is not able to keep the promise of work.

## Important Things To Know

### Penalties, Intentional Program Violation Or Fraud (FAP, FIP, SDA, CDC)

**Intentional Program Violation (IPV)** is when you make a false or misleading statement, hide, misrepresent or withhold facts on purpose to receive or continue to receive extra benefits.

**Fraud/IPV** - If we think you committed fraud/IPV, we may hold an administrative hearing, bring criminal charges or ask you to voluntarily sign a disqualification agreement.

**FAP Trafficking** - You may also be guilty of fraud/IPV if you trade or sell your FAP benefits or Bridge card. You may not use FAP benefits or Bridge cards that belong to another household for your household. You may not use FAP benefits or Bridge cards to purchase anything other than food or seeds and plants to grow your own food for your household.

If it is proven in court that you are guilty of **fraud**:

- You are subject to criminal penalties (for example, fines up to \$250,000, jail/prison time up to 20 years, or both). You may be charged under other federal laws and a court may prevent you from receiving benefits for an additional 18 months; **and**
- You must repay any extra benefits you received because of the fraud/IPV; **and**
- You will be disqualified from receiving FIP/SDA and/or FAP benefits - see the table below.

If it is proven you are guilty of **IPV** in an administrative hearing, or you voluntarily sign a disqualification:

- You will be disqualified from receiving FIP/SDA and/or FAP benefits - see the table below, **and**
- You will have to repay the extra benefits you received because of the fraud or IPV.

**CDC Penalties** - Violation of program rules may result in a disqualification of 6 months, 12 months or a lifetime.

|  |  |
|--|--|
| <p><b>If you do any of the following:</b></p> <ul style="list-style-type: none"> <li>• Make a false or misleading statement.</li> <li>• Hide, misrepresent or withhold facts to receive or continue to receive benefits.</li> <li>• Trade or sell less than \$500 in FAP benefits or Bridge cards.</li> <li>• Use FAP benefits to buy ineligible items such as alcoholic drinks or tobacco.</li> <li>• Use FAP benefits or Bridge cards that belong to someone else for your household.</li> </ul> | <p><b>You will lose FIP/SDA and/or FAP benefits for:</b></p> <ul style="list-style-type: none"> <li>• One year for the first violation.</li> <li>• Two years for the second violation.</li> <li>• Life for the third violation.</li> </ul> |
| <p><b>If you are:</b></p> <ul style="list-style-type: none"> <li>• Convicted by a court or found guilty by administrative hearing of lying about your identity or where you live to receive benefits on two or more cases at the same time.</li> </ul>   | <p><b>You will lose FAP benefits for:</b></p> <ul style="list-style-type: none"> <li>• 10 years.</li> </ul>  |
| <p><b>If you are:</b></p> <ul style="list-style-type: none"> <li>• Convicted in court of lying about your identity or where you live to receive benefits* in two or more cases at the same time.</li> </ul> <p>*Benefits include programs funded under Title IV-A of the Social Security Act, Medicaid and Supplemental Security Income. This penalty will not stop you from receiving MA.</p>   | <p><b>You will lose FIP benefits for:</b></p> <ul style="list-style-type: none"> <li>• 10 years.</li> </ul>  |
| <p><b>If any member of the household is found guilty in court of:</b></p> <ul style="list-style-type: none"> <li>• Trading FAP benefits for drugs.</li> </ul>  | <p><b>You will lose FAP benefits for:</b></p> <ul style="list-style-type: none"> <li>• Two years for the first offense.</li> <li>• Life for the second offense.</li> </ul>   |
| <p><b>If any member of the household is found guilty in court of:</b></p> <ul style="list-style-type: none"> <li>• Trading FAP benefits for firearms, ammunition or explosives.</li> <li>• Trading, buying or selling FAP benefits of \$500 or more for anything other than food.</li> </ul>   | <p><b>You will lose FAP benefits for:</b></p> <ul style="list-style-type: none"> <li>• Life.</li> </ul>  |

**Read this information booklet before you sign the assistance application.**

# Important Things To Know (continued)

## General Complaints

Clients have the right to make general complaints about matters other than the right to apply, non-discrimination or hearing issues. Written complaints can be sent to:

Michigan Department of Human Services  
Specialization Action Center  
235 S. Grand Avenue  
PO Box 30037  
Lansing, MI 48909  
or they may call 1-855-275-9242 or 1-855-ASK-MICH

## Hearing Rights

If you do not agree with a decision DHS makes to deny, reduce or terminate benefits, or for failure to act with reasonable promptness you have the right to request a hearing. In most cases, if you receive a notice reducing or canceling your benefits and you request a hearing within 11 days of the date the action will take place, your benefits will continue until the hearing is held.

Someone else may represent you at the hearing, such as a friend, relative, or lawyer.

### To ask for a hearing:

- Bring, mail or fax a signed, written hearing request\* to your DHS office.

\* DHS-18 available online at [www.michigan.gov/dhs-forms](http://www.michigan.gov/dhs-forms).

- For FAP only, you can request a hearing verbally, in person or by telephone.
- The hearing request must be signed by you or by your parent, spouse, attorney, court-appointed guardian or conservator, or by someone else you name in a signed statement.

### Michigan Administrative Hearings Service (MAHS) will deny your hearing request if:

- We receive your request more than 90 days after we mailed the notice to deny, terminate, or reduce your benefits.
- The person who signed the hearing request cannot show a court order or signed statement from you and is not your lawyer, spouse or parent.

## If You Think We Discriminate

"In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs."

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. 20250-

9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing-impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). Write HHS, Director, Office for Civil Rights, DHHS, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601 or call (312) 886-2359 (Voice); (312) 353-5693 (TDD); fax (312) 886-1807.

"USDA and HHS are equal opportunity providers and employers."

## Race and Ethnicity

Answering questions about race and ethnicity is voluntary. If you do not answer these questions, your eligibility or benefit levels will not be affected.\* The information is collected to ensure that program benefits

are distributed without regard to race, color or national origin.

\* If you choose not to answer these questions, your DHS specialist may choose an answer for you.

## \*\*Citizens and Non-Citizens/Social Security Numbers

**Social Security numbers and immigration papers are NOT required** for a person who is:

- Not applying for help.
- An undocumented non-citizen applying only for medical assistance for emergency services, pregnancy or childbirth.
- Only applying for child care. (You must give a Social Security number for the child and the child must be a U.S. citizen or show immigration papers.)

Other eligible members of your household will still be able to receive help.

You may have to provide information about income and assets of all persons in your household, even if they are not applying.

Receiving food, medical, or emergency assistance will **not** affect your immigration status. If you are here illegally, it may affect your ability to stay in the U.S.

For some programs, **persons claiming U.S. citizenship** must provide proof of citizenship and identity. Acceptable proof of citizenship includes, but is not limited to, a U.S. passport, a certificate of naturalization, a U.S. public birth record showing birth in the U.S. or U.S. territories.

Persons receiving SSI, Social Security, Medicare, or adoption assistance; foster children, and newborn "safe delivery" babies are not required to provide proof of U.S. citizenship for DHS programs.

\*\*See pages C-H of this booklet.

**Read this information booklet before you sign the assistance application.**

## Important Things To Know (continued)

### Welfare Fraud

Call 1-800-222-8558 to report suspected welfare fraud.

### Persons With Disabilities

You do not have to tell us about disabilities, but some help is only available to persons with disabilities. If you or someone in your household has a disability, we can make exceptions or give you special help.

Tell your DHS specialist if you need help.

If you do not tell us about a disability now, you can tell us about it later.

If you are denied special help or an exception you need because of a disability, and you think the denial was wrong, you may file a complaint of discrimination with:

#### **DHS, Americans with Disabilities Act Coordinator**

P.O. Box 30037, Suite 715

Lansing, MI 48909

(517) 373-8520

### Domestic Violence

We may be able to waive some program requirements (such as working, looking for a job, pursuing child support or going to school) if participating would:

- Put you or a family member in danger of physical or emotional harm.
- Subject you to sexual abuse.
- Otherwise be unfair to you.

You are authorized to receive domestic violence comprehensive services. Contact the DHS office in your area or your DHS specialist for more information or to access these services.

#### **Resources:**

- Online at: [www.michigan.gov/domesticviolence](http://www.michigan.gov/domesticviolence).
- DHS Publication 859, Is Someone Hurting You or Your Children? (also available in Spanish) - online at: [www.michigan.gov/dhs-publications](http://www.michigan.gov/dhs-publications).

### If You Receive Tribal Benefits

You cannot receive food benefits from the tribal food distribution program and the food assistance program at the same time.

You cannot receive tribal TANF (cash) from a tribe and FIP cash benefits from DHS at the same time.

Tribal organizations may receive LIHEAP funds from the federal government. Payments are limited to the highest amount available from either DHS or the tribal organization. DHS will ask you to prove any tribal LIHEAP payment you receive.

### Bridge Card

Cash and/or food benefits are accessed by using a debit card. This debit card is called the Bridge card or Electronic Benefit Transfer (EBT) card.

Call EBT Customer Service toll-free at 1-888-678-8914 to:

- Report a lost, stolen or damaged card.

- Request a replacement card (your benefits may be reduced when replacing your Bridge card).
- Establish/change your personal ID number (PIN).
- Find out your balance.

## Repay Agreements

**By signing the assistance application, you agree to do these things:**

### Recovery of Medical Costs (MA, AMP)

If any program run by the Michigan Department of Community Health (MDCH) pays the cost of hospital, surgical or medical services, you agree that the right to recover payments (from insurance, lawsuits, etc.) is transferred to the MDCH. This includes payments from a third person or public

or private contractor. Any recovery payment you receive must be paid to the State of Michigan, MDCH.

**Exception:** Payments are not recovered from Medicare.

**Read this information booklet before you sign the assistance application.**

## Repay Agreements (continued)

By signing the assistance application, you agree to do these things:

### Estate Recovery (MA - Long Term Care (LTC))

I understand that upon my death the Michigan Department of Community Health (MDCH) has the legal right to seek recovery from my estate for services paid by Medicaid. MDCH will not make a claim against the estate while there is a legal surviving spouse or a legal surviving child who is under the age of 21, blind, or disabled.

An estate consists of real and personal property. Estate Recovery only applies to certain Medicaid recipients who received Medicaid services after the implementation date of the program. MDCH may agree not to pursue recovery if an undue hardship exists.

### Lump Sums and Accumulated Benefits (SDA, State-Funded FIP)

**If you receive SDA**, you agree to repay DHS if you receive:

- Lump sum payments such as an inheritance, insurance settlement, etc., or
- Accumulated benefits paid retroactively such as unemployment benefits or workers' compensation.

If you receive SDA or state-funded FIP, you agree to repay DHS if you receive retroactive SSI.

**You agree to allow Social Security**

**Administration** to pay DHS the amount of state-funded assistance you received while your SSI claim was pending.

**If the first accumulated benefit payment** is sent to you, you agree to pay DHS right away for the state-funded assistance you received while the claim was pending.

**If you disagree with the amount DHS keeps**, see "Hearing Rights."

## Information About Your Household That Will Be Shared

By signing the assistance application, you agree that DHS can share information about you and your household with others, and that other agencies or people can give us information about you, as stated below:

### Information DHS Will Get From Others

**Social Security Administration information (all programs)** - You agree that the Social Security Administration may give DHS all information needed to determine your eligibility.

**Quality Control (QC) and/or Office of Inspector General (OIG) Investigations** - DHS might choose your case for a quality control review or a complete investigation. If your case is chosen, DHS will contact you, other people, employers and/or agencies for proof of the information provided on your assistance application.

**Law enforcement check (FAP, FIP, SER)** - DHS receives information from law enforcement officials for the purpose of catching persons fleeing to avoid the law.

**Child care billing information (CDC)** - Information submitted by your child care provider will be used in determining payment amounts.

**Computer cross-checking (all programs)** - DHS will check with federal, state and private agencies to make sure the information you provide on the assistance application is correct. DHS may check wages, income, assets, unemployment benefits, income tax refunds, Social Security benefits and numbers, child support, immigration status, etc.

If you give any information that does not match, DHS will check to find out what is correct. You may be asked for permission to contact employers, banks or other people.

DHS will check records from other states. You may be denied benefits in Michigan if you or other household members were disqualified in another state.

Read this information booklet before you sign the assistance application.

## Information About Your Household That Will Be Shared (continued)

By signing the assistance application, you agree that DHS can share information about you and your household with others, and that other agencies or people can give us information about you, as stated below:

### Information DHS Will Give To Others

**Law enforcement check (FAP, FIP, SER)** - DHS may give information to law enforcement officials for the purpose of catching persons fleeing to avoid the law.

**Eligibility information (FAP)** - DHS sends food assistance program (FAP) eligibility information to schools. This information allows your child(ren) to receive free or reduced-cost meals.

**CDC** - Notice will be sent to your child care provider when:

- Your CDC has been approved and authorized.
- Changes occur that impact your CDC eligibility.
- Your CDC eligibility has ended.

**Illegal Aliens** - DHS may send information about certain illegal aliens to the Department of Homeland Security.

**Survey Information** - You may be contacted for survey information to help evaluate DHS' quality of programs and customer service.

### Coordination of Health Care

- **Coordination of health care programs and providers (MA)** - The State's medical assistance program relies on a large number of managed care health programs, mental health and substance abuse programs, and private providers to deliver quality care to persons like you.

To make sure you receive a high level of care and that your benefits are coordinated, providers in the program may share information about your care (or your child or ward) with other providers in the program when such information and consultation is clinically needed.

- **Information about you, your child or ward (MA)** - Necessary information may be shared between Medicaid managed care health plans and programs in which you participate. Health plans, programs and providers that deliver health care to you may share necessary information in order to manage and coordinate health care and benefits. This information may include, when applicable, information relative to HIV, AIDS, AIDS-related complex (ARC) or other communicable diseases, information about behavioral or mental health services, and referral or treatment for alcohol and drug abuse as permitted by 42 CFR Part 2.

### Web Site References

- **Career education and workforce programs:** [www.michigan.gov/mdcd](http://www.michigan.gov/mdcd)
- **Earned Income Tax Credit:** [www.michiganeic.org](http://www.michiganeic.org)
- **Energy Assistance Programs:** [www.michigan.gov/heatingassistance](http://www.michigan.gov/heatingassistance)
- **Family Automated Screening Tool (FAST):** [www.michigan.gov/fast](http://www.michigan.gov/fast)
- **Michigan Assistance and Referral Service (MARS) program eligibility pre-screening tool:** [www.michigan.gov/mars](http://www.michigan.gov/mars)

NOTE: To find out if you may be eligible for any of our programs, you may visit the MARS Web site. You will be asked for information about your family and household that will help determine if you might qualify.

- **Michigan Department of Community Health (MDCH):** [www.michigan.gov/mdch](http://www.michigan.gov/mdch)
  - **Healthy lifestyles:** [www.michiganstepsup.org](http://www.michiganstepsup.org)
  - **Office of Services to the Aging:** [www.michigan.gov/miseniors](http://www.michigan.gov/miseniors)
  - **Women, Infants and Children (WIC) program:** [www.michigan.gov/wic](http://www.michigan.gov/wic)

Read this information booklet before you sign the assistance application.

## Web Site References (continued)

- **Michigan Department of Human Services (DHS):** [www.michigan.gov/dhs](http://www.michigan.gov/dhs)
  - **Cash Assistance** [www.michigan.gov/dhs-cash](http://www.michigan.gov/dhs-cash)
  - **Cash Assistance - SSI** [www.michigan.gov/dhs-ssi](http://www.michigan.gov/dhs-ssi)
  - **Child Care** [www.michigan.gov/childcare](http://www.michigan.gov/childcare)
  - **Child Support** [www.michigan.gov/childsupport](http://www.michigan.gov/childsupport)
  - **Client Application Process** [www.michigan.gov/dhs-applicationprocess](http://www.michigan.gov/dhs-applicationprocess)
  - **DHS County Offices** [www.michigan.gov/dhs-countyoffices](http://www.michigan.gov/dhs-countyoffices)
  - **DHS Forms and Applications** [www.michigan.gov/dhs-forms](http://www.michigan.gov/dhs-forms)
  - **DHS Policy and Procedural Manuals** [www.michigan.gov/dhs-manuals](http://www.michigan.gov/dhs-manuals)
  - **Emergency Services** [www.michigan.gov/dhs-ser](http://www.michigan.gov/dhs-ser)
  - **Food Assistance** [www.michigan.gov/foodstamps](http://www.michigan.gov/foodstamps)
  - **Medical Services** [www.michigan.gov/dhs-medical](http://www.michigan.gov/dhs-medical)
- **Michigan Disability Resources:** [www.michigan.gov/disabilityresources](http://www.michigan.gov/disabilityresources)

## Publications

**Ask your DHS specialist if you would like any of these publications.** The following publications are available online at: [www.michigan.gov/dhs-publications](http://www.michigan.gov/dhs-publications). Some are also available in Spanish (Sp).

- **Child Support**

Understanding Child Support: A Handbook for Parents (DHS Publication 748) (Sp).

What Every Parent Should Know About Establishing Paternity (DHS Publication 780) (Sp).

Fatherhood: Taking Responsibility for Your Child (DHS Publication 806).

DNA Paternity Testing: Questions and Answers (DHS Publication 865) (Sp).

- **Home Heating Credit** - Notice to Potential Home Heating Credit Recipients (DHS Publication 788) (Sp).

The following publications are available online at: [www.michigan.gov/mdch](http://www.michigan.gov/mdch). Select MDCH Brochures Available for Download from the Quick Links.

- **Medicaid**

Healthy Kids (MDCH Publication 655) - explains medical coverage for pregnant women, babies, and children.

Medicaid Fair Hearings: Rights and Responsibilities (MDCH Publication).

Your Rights and Responsibilities in a Health Plan (MDCH Publication 201).

Medicaid Deductible Information (MDCH Publication 617) - explains how your medical costs can be used to get your income at or below the income limits to be eligible for Medicaid.

Nursing Facility Eligibility (MDCH Publication 726) - explains eligibility for persons in or entering a nursing facility.

Medicare Savings Program: (MDCH Publication 769) - explains how to get help paying Medicare expenses.

Medicaid Fee for Service Handbook (MDCH Publication 669).

- **State Emergency Relief**

State Emergency Relief Program (DHS Publication 563).

You and Your Energy Bills (DHS Publication 631).

DHS Can Help With Temporary Assistance (DHS Publication 783).

**Read this information booklet before you sign the assistance application.**

# Filing Form

## Michigan Department of Human Services (DHS)

You have the right to apply for help today. If you cannot finish the entire assistance application today, you may complete this filing form and return it to the DHS office in your area to protect your application date. If applying for only FAP, you must fill in your name, address (unless homeless) and signature or your representative's signature.\* The date DHS receives your filing form may affect the date your benefits start. DHS will still need to receive your completed assistance application before any benefits can be approved.

*\*Exception: If you are applying for SSI and FAP benefits before being released from an institution, the filing date for your benefits will be the date you get out of the facility.*

**If you need help filling out this application, DHS must help you. If you are refused help, you may call (517) 373-0707.**

If you do not speak English or you have a disability, how can we help you?

☐ Interpreter ☐ Sign language ☐ Assisted listening device (ALD) ☐ Other \_\_\_\_\_

If you do not speak English, what language do you speak? \_\_\_\_\_

**1. I received help from Michigan in the past.** ☐ Yes ☐ No **Case/recipient number** \_\_\_\_\_ (if known)

### 2. I am applying for:

- ☐ **Food Assistance Program (FAP)** (seven-day processing can begin today if you complete the back of this form **and** your household qualifies).
- ☐ **Medical Assistance (MA)** (doctor or hospital bills, prescriptions, Medicare premiums).
- ☐ **Child Development and Care (CDC)** (help with child care costs).
- ☐ **Cash Assistance (FIP- Family Independence Program, RCA - Refugee Cash Assistance, SDA - State Disability Assistance)** (help with cash for pregnant women, families with children, refugees, adults with disabilities, live-in caretakers of adults with disabilities or residents of special living arrangements).

**3. Legal name** (first, middle, last; birth name, if different)

**4.** ☐ Male  
☐ Female

**5. Date of birth\*\***

\_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*Not needed for food assistance.

**6. Social Security number\*\*\***

**7. Phone number**

**8. Message number**

\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

\*\*\*Voluntary if applying ONLY for child care or emergency medical.

**9. Address where you live** (number, street, rural route, apartment/lot number)

☐ Homeless

City

County

State

Zip code

**10. Mailing address** (if different from above or PO box)

City

County

State

Zip code

### Signature

Under penalties of perjury, I swear or affirm that this filing form has been examined by or read to me, and, to the best of my knowledge, the facts are true and complete. If I am a third party applying on behalf of another person, I swear that this filing form has been examined by or read to the applicant, and, to the best of my knowledge, the facts are true and complete.

**Signature of client or representative**

**Date**

**Read this information booklet before you sign the assistance application.**

# Expedited Food Assistance Program Seven-Day Processing



1. Does everyone in the household buy and fix food together? ☐ Yes ☐ No  
If no, list who does not \_\_\_\_\_
2. How much are the total cash assets belonging to your household?  
(Include cash, savings, checking, savings bonds, etc.) \$ \_\_\_\_\_
3. How much is the total monthly gross income (before any deductions such as taxes) for your household?  
(Include earnings, unemployment benefits, child support, Social Security benefits, etc.) \$ \_\_\_\_\_
4. Does anyone in your household receive tribal food distribution benefits? ☐ Yes ☐ No  
If yes, list who \_\_\_\_\_
5. What is the total amount you pay for your monthly rent and/or mortgage payment, property taxes, homeowners insurance, etc.? \$ \_\_\_\_\_
6. Do you pay for heat? ☐ Yes ☐ No
7. Do you pay for cooling (including room air conditioner)? ☐ Yes ☐ No
8. If you do not pay for heating or cooling, check which utilities you pay: ☐ Non-heat electric ☐ Water/sewer  
☐ Telephone ☐ Cooking fuel ☐ Garbage/trash

## 9. Is anyone in your household a ☐ migrant or ☐ seasonal farmworker?

☐ Yes ▶ **Complete the table below.** ☐ No

| Has anyone received any income from the same grower within 30 days before the application date? | <input type="checkbox"/> Yes ▶ Name of person(s):<br><input type="checkbox"/> No | Date          | Gross pay amount |
|---|--|---------------|------------------|
| Does anyone expect to receive more income this month?   | <input type="checkbox"/> Yes ▶ Name of person(s):<br><input type="checkbox"/> No |               |                  |
| Has anyone received a travel advance?   | <input type="checkbox"/> Yes ▶ Name of person(s):<br><input type="checkbox"/> No |               |                  |
| Has anyone recently lost their only source of income?   | <input type="checkbox"/> Yes ▶ Name of person(s):<br><input type="checkbox"/> No | Last pay date | Gross pay amount |

| 10. Names of all household members | Birth date     | Social Security number |
|------------------------------------|----------------|------------------------|
|                                    | ____/____/____ | ____-____-____         |
|                                    | ____/____/____ | ____-____-____         |
|                                    | ____/____/____ | ____-____-____         |
|                                    | ____/____/____ | ____-____-____         |
|                                    | ____/____/____ | ____-____-____         |

## 11. Do you need more pages? ☐ Yes ☐ No

|                     |   |  |                    |             |
|---------------------|---|--|--------------------|-------------|
| For office use only | Date application received in local office |  | Case name          |             |
|                     |   |  | Application number | Case number |
|                     |   |  | Specialist name    |             |
|                     |   |  | Specialist phone   | Fax         |
|                     |   |  | Specialist email   |             |

**Read this information booklet before you sign the assistance application.**